



# APPLICATION FOR KANSAS USED OIL TRANSPORTER'S REGISTRATION

Guidelines for completion are attached. Please print in ink or use typewriter.

COMPANY INFORMATION				
Company Name:			EPA ID #:	
Contact First Name:	Contact Last Name:		Contact Title:	
Business Phone:	Emergency Phone:		Fax:	
Mailing Address:			E-mail:	
City:	State:	Country:	Zip:	
Location Address:			KS County:	District:
City:	State:	Country:	Zip:	

TRANSPORTATION SERVICES	
Answer <u>each</u> question below with a "Yes" or a "No" response. <u>All</u> questions must be answered and apply <u>only</u> to transportation within, into, out of or through the state of Kansas.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your firm operate on a for-hire basis?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is your firm a private carrier?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is your firm an interstate carrier?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is your firm an intrastate carrier (KANSAS ONLY)?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does one or more of the vehicles have a GVWR of over 10,000 lbs?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your firm transport hazardous materials (USDOT) in bulk?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Should your firm's name be included on a list of registered transporters?

INSURANCE COMPANY IDENTIFICATION			
A certificate of insurance ( <b>ACORD Form</b> ) must be submitted. This application will <b>NOT</b> be processed until insurance coverage is documented. <u>An MC-90 or Form E will not be accepted.</u> Refer to the attached instructions for specific insurance requirements.			
Insurance Company Name:			
Liability Insurance Policy Number:	Insurance Expiration:		
Agent's Name:	Agent's Phone:		
Mailing Address:			
City:	State:	Country:	Zip:

## **CERTIFICATION**

I hereby certify that the information provided herein is complete and correct to the best of my knowledge and that I am authorized to sign official documents for my organization. I further certify that the equipment to be used for the transportation of used oil meets and will be operated in accordance with the rules and regulations of the Kansas Department of Health and Environment as set forth in K.A.R. Article 31, and the United States Department of Transportation, Federal Highway Administration, Bureau of Motor Carrier Safety, as published in Part 171-178 and 390-397, Title 49 CFR.

\_\_\_\_\_  
Authorized Representative  
(Type or Print Name)

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Title of Authorized Representative

\_\_\_\_\_  
Date

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## **RETURN FORM**

**Attn: Linda Prockish  
Kansas Department of Health and Environment  
Bureau of Waste Management  
1000 SW Jackson, Suite 320  
Topeka, Kansas 66612-1366**

## **QUESTIONS**

**Phone: 785/296-0005 or  
785/296-1600  
Fax: 785/296-8909  
e-mail: [lprockis@kdhe.state.ks.us](mailto:lprockis@kdhe.state.ks.us)**

# INSTRUCTIONS

## **COMPANY INFORMATION**

Company Name: Enter the name of the organization, corporation, federal agency, etc., as well as any names specific to the individual place of operation (i.e. ABCD Company, XYZ Manufacturing Plant).

EPA ID #: Enter the organization's EPA Identification Number. Used Oil SHALL NOT be transported without an EPA Identification Number. If you do not have such a number contact KDHE for assistance and the appropriate form. If out-of-state, contact your state for assistance in obtaining an EPA ID Number.

Contact Information: Enter the First and Last Name and business title of the person who should be contacted regarding transportation of used oil.

Telephone Numbers: Enter the business telephone number, the emergency 24-hour telephone number and fax number where the contact person can be reached during the day and away from the organization.

Mailing and Location Address: Enter the mailing and location address for the place of operation.

E-mail Address: Enter the e-mail address for the organization, corporation, federal agency, etc. if available.

## **TRANSPORTATION SERVICES**

Answer each question. Please note the specific terms used in the questions refer to the U.S. Department of Transportation definitions. Terms given in the question refer to common definitions. These responses will be used to determine which insurance requirements (U.S. Department of Transportation or State of Kansas) your organization is required to meet.

- FOR-HIRE BASIS----Refers to an individual who receives compensation from companies or other individuals for the transport of used oil. Includes both common and contract carriers.
- PRIVATE CARRIER----Refers to an individual who transports used oil which he or she owns or holds.
- INTERSTATE CARRIER----Refers to an individual who transports used oil across state lines.
- INTRASTATE CARRIER----Refers to an individual who transports used oil from within the borders of Kansas.

## **INSURANCE COMPANY IDENTIFICATION**

Enter the insurance company name, policy number, insurance expiration date, agent's name, telephone number and mailing address. Please attach a certificate of insurance (**ACORD**) form which shows your firm meets the liability requirements specified below, effective and expiration dates of coverage, and the insurers and insureds name. (**Form E and MC-90 are not accepted**).

### **COVERAGE AMOUNTS:**

- The U.S. Department of Transportation; or
- The Kansas Department of Health and Environment

#### **Kansas Administrative Regulation (KAR) 28-31-6(c)(1)**

\$1 million per person and  
\$1 million per occurrence - bodily injury or death, and  
\$1 million for all damages to the property of others; or  
\$1 million combined bodily injury or death and property damage

**NOTE:** The Kansas insurance requirements must be met by those firms NOT required to meet the U.S. Department of Transportation liability insurance requirements.

**NOTE: K.A.R. 28-31-6(c)(2) will be strictly enforced.** It is the responsibility of the transporter to maintain adequate insurance coverage at all times. Should any of the coverages set forth on the certificate of insurance (ACORD form) be reduced, canceled, terminated or non-renewed, the transporter shall, within thirty-five (35) days prior to the effective date of such action, furnish KDHE with appropriate notices of such action. Proof of periodic renewal shall be furnished KDHE prior to the expiration date of the policy or your transportation certificate will be canceled.

## **CERTIFICATION**

The form shall be signed by an authorized company official. An unsigned form cannot be processed.

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